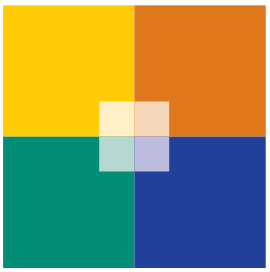
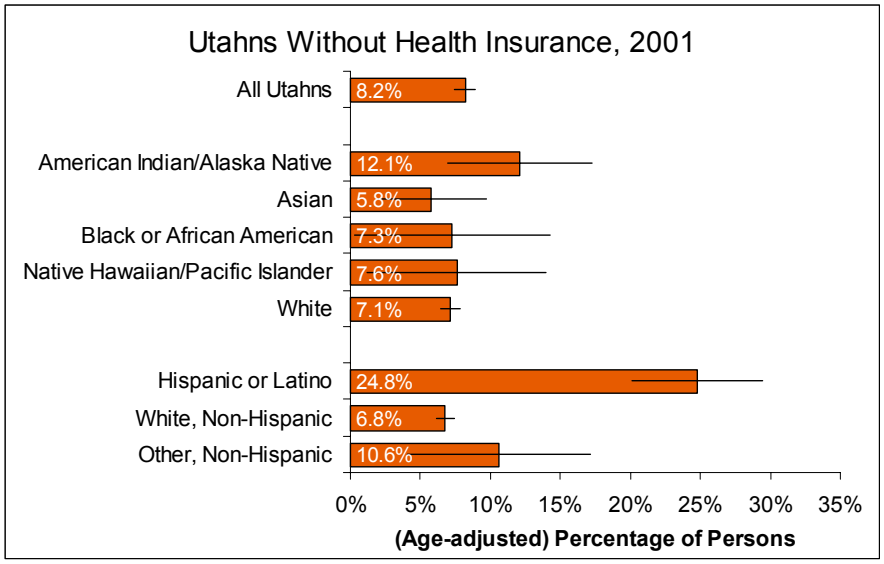
HEALTH CARE SERVICES AND SYSTEMS



Health Insurance Coverage

Why Is It Important?

Persons with health insurance are more likely than persons without health insurance to have a regular source of primary health care, and are more likely to have routine preventive care. Persons without coverage often delay seeking needed care or avoid seeking care altogether.



How Are We Doing?

- An estimated 193,620 Utahns (8.7%) were without health insurance coverage in 2001, the most recent year for which data may be analyzed by race.
- Although there are differences in health insurance coverage by race, most were not statistically significant. That is, each non-White race group has a margin of error that is fairly wide and includes the state total percentage.
- There is a sizeable difference in coverage for Hispanic/Latino Utahns, of whom one in four lack health insurance coverage. Although Hispanic/Latino Utahns are in fact more likely to be employed full or part time than adults in the state overall,[4] they may be more likely to be employed in lower-wage, less-skilled jobs that are less likely to provide health insurance coverage.

How Can We Improve?

The expense for health care and health insurance coverage is increasing faster than the rate of overall inflation. The trend in recent years has been for fewer employers to offer coverage, to offer it only after a waiting period, to offer reduced benefits, or to offer a higher-deductible plan with or without a health savings account option. Under those scenarios, lower-wage workers will not get the same coverage as higher-wage, higher-skilled workers.

Percentage of Utahns With No Health Insurance Coverage, 2001

Race/Ethnicity	Sample Size	Total Population	# With No Insurance	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	22,979	2,233,169	193,620	8.7% (*7.9% - 9.5%*)	8.2% (*7.5% - 8.9%*)	n/a
American Indian/Alaska Native	597	33,733	4,385	13.0% (*7.2% - 18.8%*)	12.1% (*7.0% - 17.3%*)	
Asian	297	41,866	2,324	5.6% (*1.9% - 9.2%*)	5.8% (*1.9% - 9.7%*)	
Black or African American	141	23,063	1,254	5.4% (*1.9% - 15.7%*)	7.3% (*0.3% - 14.3%*)	
Native Hawaiian/Pacific Islander	169	17,482	1,547	8.8% (*2.1% - 15.6%*)	7.6% (*1.2% - 14.0%*)	
White	21,236	2,117,025	158,218	7.5% (*6.7% - 8.2%*)	7.1% (*6.4% - 7.8%*)	↓
Hispanic or Latino	1,693	201,559	52,089	25.8% (*21.1% - 30.6%*)	24.8% (*20.1% - 29.4%*)	↑
White, Non-Hispanic	20,412	1,925,711	136,795	7.1% (*6.4% - 7.8%*)	6.8% (*6.1% - 7.5%*)	↓
Other, Non-Hispanic	212	105,899	12,716	12.0% (*3.4% - 20.6%*)	10.6% (*4.0% - 17.1%*)	

Source: UDOH, 2001 Utah Health Status Survey

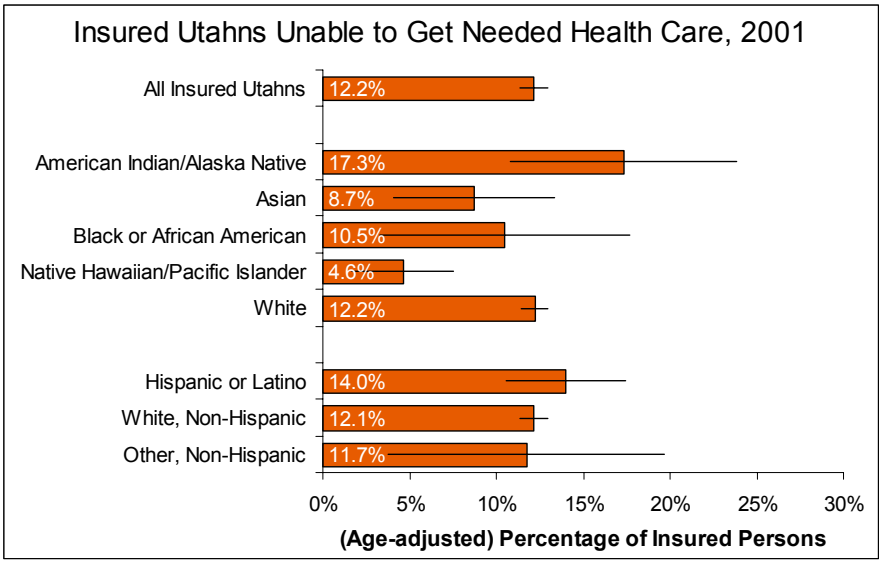
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Adequacy of Health Insurance

Why Is It Important?

Not all health insurance plans are created equal. For persons who have health insurance coverage, some plans may still be inadequate for one's needs. Adequacy of a health insurance plan was measured in a survey that asked persons with coverage if they had delayed or were unable to get health care when they needed it in the last year.



How Are We Doing?

- In 2001, 11.6%, or over 235,000 Utahns, were unable to get health care when they needed it, even though they had health insurance coverage. The reasons for having a problem with access to care were varied and included inability to afford the care, inability to find services in the area, and insurance that did not cover the services.
- Native Hawaiian/Pacific Islander Utahns were least likely to report problems with access to care.
- Persons in Utah's American Indian/Alaska Native populations were most likely to report that they were unable to access care when they needed it, although the difference was not statistically significant.

How Can We Improve?

Access to care can be improved in different areas, such as geographic availability, affordability, cultural accessibility (e.g., language assistance), and cultural appropriateness. Utah's American Indian/Alaska Native tribal lands are in remote, rural, or frontier areas of the state that often cannot support a full-time medical staff. Creative arrangements for provision of medical and dental services must be sought.

Percentage of Insured Utahns Who Were Unable to Get Needed Medical, Dental, or Mental Health Care in the Previous 12 Months, Persons With Health Insurance Coverage, 2001

Race/Ethnicity	Sample Size	Insured Population	# Unable to Get Care	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Insured Utahns	20,662	2,039,549	235,596	11.6% (*10.8% - 12.3%*)	12.2% (*11.4% - 12.9%*)	n/a
American Indian/Alaska Native	511	29,348	4,840	16.5% (*9.7% - 23.3%*)	17.3% (*10.8% - 23.8%*)	
Asian	278	39,542	3,288	8.3% (*3.6% - 13.0%*)	8.7% (*4.0% - 13.4%*)	
Black or African American	125	21,809	1,623	7.4% (*2.6% - 12.3%*)	10.5% (*3.3% - 17.7%*)	
Native Hawaiian/Pacific Islander	148	15,936	990	6.2% (*1.9% - 10.5%*)	4.6% (*1.7% - 7.5%*)	↓
White	19,394	1,958,807	227,196	11.6% (*10.8% - 12.4%*)	12.2% (*11.4% - 13.0%*)	
Hispanic or Latino	1,204	149,470	16,966	11.4% (*8.6% - 14.1%*)	14.0% (*10.5% - 17.4%*)	
White, Non-Hispanic	18,687	1,788,916	207,182	11.6% (*10.8% - 12.4%*)	12.1% (*11.3% - 12.9%*)	
Other, Non-Hispanic	184	93,183	9,848	10.6% (*3.9% - 17.3%*)	11.7% (*3.8% - 19.7%*)	

Source: UDOH, 2001 Utah Health Status Survey

*Age adjusted to the U.S. 2000 standard population

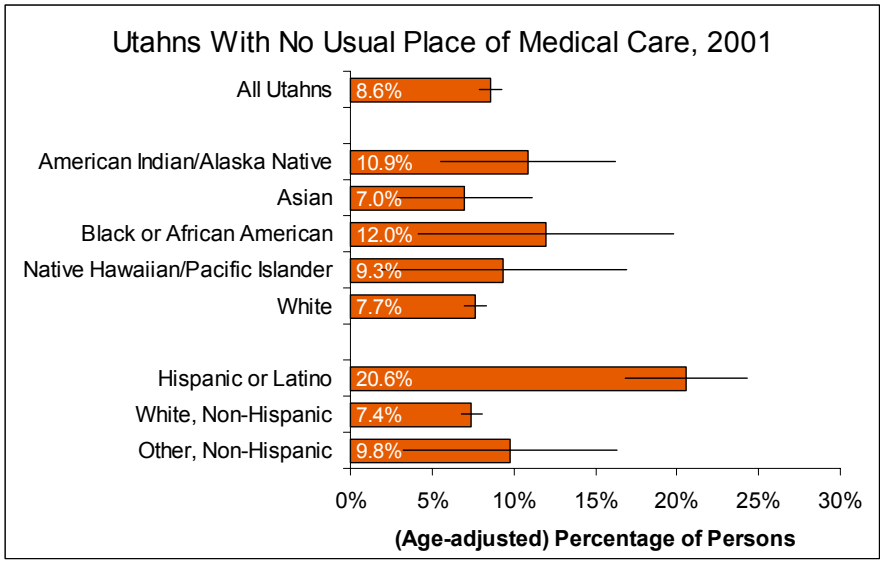
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Center for Health Data, UDOH, Telephone: 801-538-9191, Fax: 801-538-9346

Usual Source of Care

Why Is It Important?

As each new health care need arises, an individual's first point of contact with the health care system is typically his or her primary care provider. A primary provider can most effectively and efficiently manage a patient's medical care because they understand that person's medical history and social context. Having a regular source of health care is also an indicator of overall access to care.



How Are We Doing?

- In 2001, most Utahns had a usual doctor; only 8.6% reported they had no usual place where they accessed health care.
- Black/African American, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander Utahns were somewhat less likely to have a usual place of care than were all Utahns.
- Hispanic or Latino Utahns were significantly less likely to have a usual place of care than Utah overall. This finding is consistent with the finding that Hispanic/Latino Utahns were much less likely to have health insurance coverage.

How Can We Improve?

The rate with which Utahns have a usual source of care may potentially be improved using a variety of mechanisms, including improving health insurance coverage, geographic proximity and affordability of health care services, and by removing barriers such as those presented by different languages and cultural backgrounds. Education of recent immigrants to U.S. cultural norms regarding when to visit a doctor versus an emergency room, and to emphasize preventive health care, including prenatal care and well-child care may also be useful.

Percentage of Utahns Who Had No Usual Place of Medical Care, 2001

Race/Ethnicity	Sample Size	Total Population	# With No Usual Place	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	23,700	2,233,169	197,372	8.8% (*8.1% - 9.6%*)	8.6% (*7.9% - 9.3%*)	n/a
American Indian/Alaska Native	607	33,733	3,895	11.5% (*5.6% - 17.5%*)	10.9% (*5.5% - 16.2%*)	
Asian	303	41,866	2,755	6.6% (*2.8% - 10.3%*)	7.0% (*2.9% - 11.1%*)	
Black or African American	143	23,063	2,371	10.3% (*2.8% - 17.8%*)	12.0% (*4.2% - 19.8%*)	
Native Hawaiian/Pacific Islander	175	17,482	1,964	11.2% (*1.8% - 20.7%*)	9.3% (*1.7% - 16.9%*)	
White	21,764	2,117,025	163,809	7.7% (*7.1% - 8.4%*)	7.7% (*7.0% - 8.3%*)	↓
Hispanic or Latino	1,888	201,559	43,392	21.5% (*17.8% - 25.3%*)	20.6% (*16.8% - 24.3%*)	↑
White, Non-Hispanic	20,919	1,925,711	144,875	7.5% (*6.8% - 8.2%*)	7.4% (*6.8% - 8.1%*)	↓
Other, Non-Hispanic	218	105,899	8,607	8.1% (*2.2% - 14.1%*)	9.8% (*3.3% - 16.3%*)	

Source: UDOH, 2001 Utah Health Status Survey

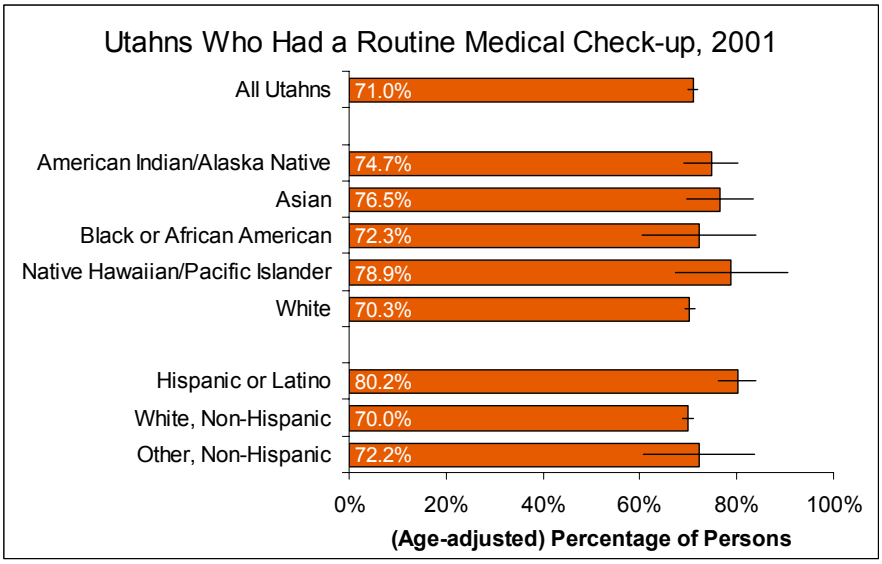
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Routine Medical Care Visits

Why Is It Important?

Clinical preventive services are important for maintaining good health. Early detection and treatment of disease improves the chances of full recovery. Physician counseling can influence health behaviors and prevent disease entirely in many cases. It is especially important for persons in poor health to have a primary physician who can give them appropriate care that fits their medical and social context.



How Are We Doing?

- The 2001 Utah Health Status Survey reports that 71.0% of Utahns had received a routine medical check-up in the previous 12 months.
- Women were more likely than men to have had a routine check-up, presumably because of childbearing and other reproductive health-related issues.
- Differences by race and ethnicity were generally small and not statistically significant. However, Hispanic/Latino Utahns were more likely to have had a routine medical care visit.

How Can We Improve?

Nationally, Black/African American and Hispanic/Latino persons have fewer primary care visits than persons with White and Asian/Pacific Islander backgrounds. In some communities, Community Health Centers have helped to offset the disparity in primary care visits. Mechanisms for improving routine, preventive health care include better health insurance coverage, geographic proximity and affordability of health care services, and removal of barriers such as those presented by different languages and cultural backgrounds. Raising public awareness regarding recommended preventive health care, including immunizations, prenatal care, and well-child care may also be useful.

Percentage of Utahns Who Received a Routine Medical Check-up in the Previous 12 Months, 2001

Race/Ethnicity	Sample Size	Total Population	# With Check-up	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utahns	18,253	2,233,169	1,578,864	70.7% (*69.6% - 71.8%*)	71.0% (*69.9% - 72.0%*)	n/a
American Indian/Alaska Native	466	33,733	25,086	74.4% (*68.5% - 80.2%*)	74.7% (*68.9% - 80.4%*)	
Asian	239	41,866	32,244	77.0% (*69.6% - 84.4%*)	76.5% (*69.5% - 83.5%*)	
Black or African American	117	23,063	17,035	73.9% (*62.6% - 85.1%*)	72.3% (*60.5% - 84.1%*)	
Native Hawaiian/Pacific Islander	123	17,482	14,258	81.6% (*72.0% - 91.2%*)	78.9% (*67.3% - 90.6%*)	
White	17,049	2,117,025	1,484,286	70.1% (*69.0% - 71.2%*)	70.3% (*69.2% - 71.4%*)	
Hispanic or Latino	1,183	201,559	160,838	79.8% (*76.2% - 83.4%*)	80.2% (*76.3% - 84.0%*)	↑
White, Non-Hispanic	16,409	1,925,711	1,344,391	69.8% (*68.7% - 70.9%*)	70.0% (*68.9% - 71.1%*)	
Other, Non-Hispanic	155	105,899	78,667	74.3% (*64.5% - 84.1%*)	72.2% (*60.6% - 83.7%*)	

Source: UDOH, 2001 Utah Health Status Survey

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

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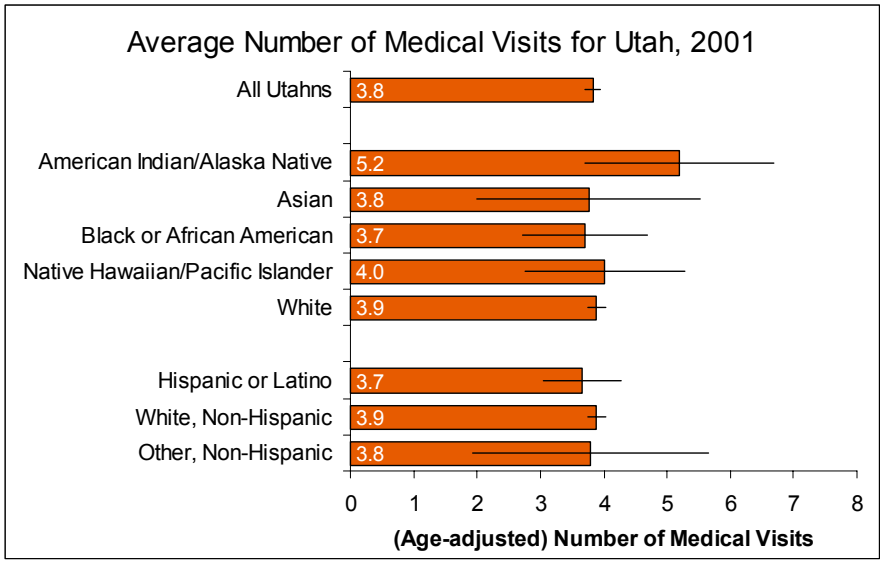
Average Number of Medical Visits

Why Is It Important?

This indicator may be used to assist in planning of health care service and provider needs. Large variances in the number of medical visits suggest the potential for problems with health status or access to care.



How Are We Doing?

- In 2001, Utahns averaged 3.8 annual visits to a medical doctor.
- The average number of medical visits was higher for women and increased with age (data not shown).
- There was some variation by race and ethnicity, but the differences were not statistically significant.

How Can We Improve?

The average number of medical visits among members of a population is influenced by many factors, including access to care, medical need, and utilization norms. Better health status will tend to decrease the average number of medical visits in a population.

Average Number of Medical Visits in the Previous 12 Months for Utah Residents, 2001

Race/Ethnicity	Sample Size	Total Population	Total # of Med Visits	Avg. Number of Visits *(95% CI Range)*	Age-adjusted Visits* *(95% CI Range)*	Sig.**
All Utahns	23,203	2,233,169	8,176,972	3.7 (*3.5 - 3.8*)	3.8 (*3.7 - 3.9*)	n/a
American Indian/Alaska Native	597	33,733	162,631	4.8 (*4.2 - 5.5*)	5.2 (*3.7 - 6.7*)	
Asian	293	41,866	131,269	3.1 (*2.7 - 3.6*)	3.8 (*2.0 - 5.5*)	
Black or African American	137	23,063	83,002	3.6 (*2.8 - 4.4*)	3.7 (*2.7 - 4.7*)	
Native Hawaiian/Pacific Islander	173	17,482	72,100	4.1 (*3.3 - 5.0*)	4.0 (*2.8 - 5.3*)	
White	21,284	2,117,025	7,941,892	3.8 (*3.7 - 3.8*)	3.9 (*3.8 - 4.0*)	
Hispanic or Latino	1,871	201,559	566,982	2.8 (*2.6 - 3.0*)	3.7 (*3.1 - 4.3*)	
White, Non-Hispanic	20,459	1,925,711	7,244,336	3.8 (*3.7 - 3.8*)	3.9 (*3.8 - 4.0*)	
Other, Non-Hispanic	211	105,899	365,299	3.4 (*2.7 - 4.2*)	3.8 (*1.9 - 5.7*)	

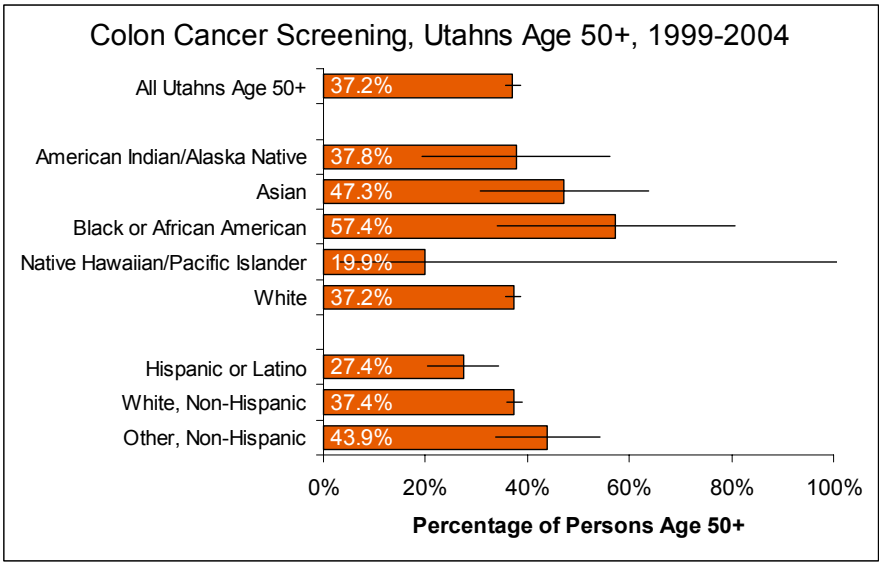
Source: UDOH, 2001 Utah Health Status Survey

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Colon Cancer Screening

Why Is It Important?
Colorectal cancer is the second leading cause of cancer-related death in the U.S. and Utah. Screening for this cancer is important as deaths can be substantially reduced when precancerous polyps are detected early and removed. The chance of surviving colorectal cancer is better than 90% when the cancer is diagnosed before it has gone beyond the intestinal wall.



How Are We Doing?
- Among Utah adults aged 50 and older from 1999 through 2004, 37.2% had been screened for colon cancer within the past five years.
- Racial differences were found, but were not statistically significant. Utahns who were Hispanic or Latino were less likely to have been screened for colorectal cancer.

How Can We Improve?
Several scientific organizations recommend that routine screening for colorectal cancer begin at age 50 for adults at average risk. Persons at high risk may need to begin screening at a younger age. Routine screening can include either an annual fecal occult blood test (FOBT), and/or flexible sigmoidoscopy every five years, or colonoscopy every ten years, or barium enema every five to ten years. Many studies suggest that racial and ethnic minorities tend to be diagnosed at later stages of cancer progression.[2] The National Cancer Institute advises each individual to discuss risk factors and screening options with his or her health care provider.

Percentage of Utahns Age 50 or Over Who Reported Having Had a Sigmoidoscopy or Colonoscopy in the Past Five Years, 1999-2004

Race/Ethnicity	Sample Size	Total Population Age 50+	Number Age 50+ With Sigmoid/Colonoscopy	Crude Rate *(95% CI Range)*	Sig.*
All Utahns Age 50+	8,533	438,775	163,176	37.2% (*35.8% - 38.6%*)	n/a
American Indian/Alaska Native	63	3,620	1,367	37.8% (*19.4% - 56.1%*)	
Asian	48	6,863	3,244	47.3% (*30.8% - 63.7%*)	
Black or African American	26	2,225	1,276	57.4% (*34.0% - 80.7%*)	
Native Hawaiian/Pacific Islander	6	1,585	316	19.9% (*2.7% - 69.3%*)	
White	8,192	424,482	157,890	37.2% (*35.8% - 38.6%*)	
Hispanic or Latino	278	18,138	4,972	27.4% (*20.6% - 34.3%*)	↓
White, Non-Hispanic	8,043	407,047	152,426	37.4% (*36.0% - 38.9%*)	
Other, Non-Hispanic	177	13,590	5,972	43.9% (*33.7% - 54.1%*)	

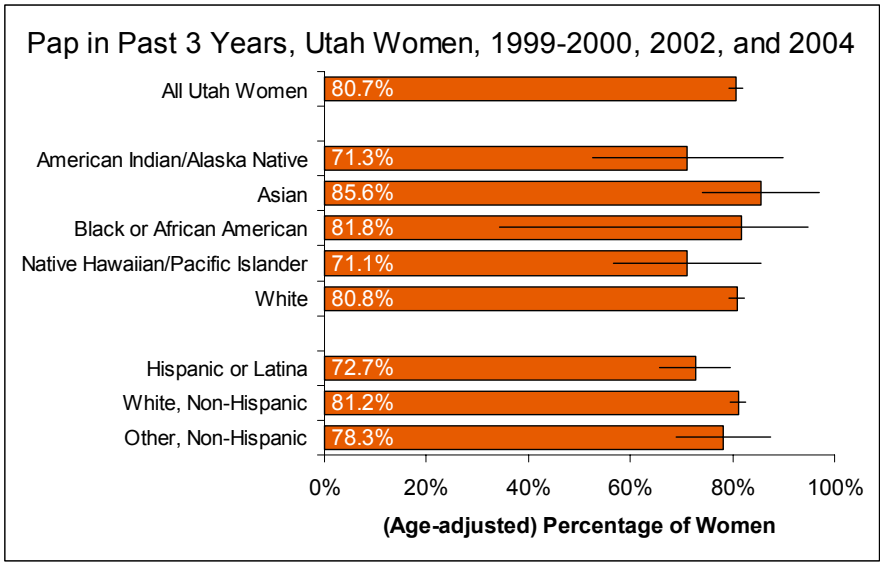
Source: Behavioral Risk Factor Surveillance System
Note: Only age-specific rates were used for this measure due to small sample size and the limited age group reported.
* The rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Cancer Control Program, UDOH, Telephone: 801-538-6712, Fax: 801-538-9495

Pap Test

Why Is It Important?

Cervical cancer is one of the most curable cancers if detected early through routine screening. Almost all cases of cervical cancer are caused by infection with high-risk types of the human papillomavirus. As these viruses are transmitted through sexual contact, any woman who is sexually active is at risk for developing cervical cancer. Other risk factors include having sexual relations at an early age, having multiple sex partners or partners with many other partners, and cigarette smoking.



How Are We Doing?

- Among all Utah women aged 18 or over, 80.7% had received a Pap test in the past three years.
- There was some variation in Pap test rates among women from different racial backgrounds, but the differences were not statistically significant. Utah's Hispanic/Latina women, however, were significantly less likely to have received a timely Pap test.

How Can We Improve?

New guidelines released by the American Cancer Society[5] recommend that cervical screening begin about three years after a woman begins having intercourse but no later than 21 years of age. Cervical screening should be performed every year with conventional Pap tests or every two years with liquid-based Pap tests. Beginning at age 30, women who have had three normal test results in a row may undergo screening every two to three years.[6]

Percentage of Utah Women (Age 18 or Over) Who Reported Having Had a Pap Smear in the Past Three Years, 1999, 2000, 2002, and 2004

Race/Ethnicity	Sample Size	Total # of Women	# of Women With Pap	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Women	6,225	765,236	617,759	80.7% (*79.2% - 82.2%*)	80.7% (*79.3% - 82.2%*)	n/a
American Indian/Alaska Native	80	10,182	8,015	78.7% (*67.0% - 90.5%*)	71.3% (*52.5% - 90.0%*)	
Asian	59	16,449	14,381	87.4% (*77.8% - 97.0%*)	85.6% (*74.1% - 97.1%*)	
Black or African American	20	5,442	5,013	92.1% (*62.7% - 98.3%*)	81.8% (*34.2% - 94.9%*)	
Native Hawaiian/Pacific Islander	31	4,525	2,653	58.6% (*36.5% - 80.8%*)	71.1% (*56.6% - 85.5%*)	
White	5,859	728,638	588,257	80.7% (*79.2% - 82.3%*)	80.8% (*79.3% - 82.3%*)	
Hispanic or Latina	369	55,979	44,240	79.0% (*73.8% - 84.3%*)	72.7% (*65.8% - 79.6%*)	↓
White, Non-Hispanic	5,619	675,193	546,542	80.9% (*79.3% - 82.5%*)	81.2% (*79.7% - 82.6%*)	
Other, Non-Hispanic	209	34,064	27,189	79.8% (*72.8% - 86.8%*)	78.3% (*69.1% - 87.5%*)	

Source: Behavioral Risk Factor Surveillance System

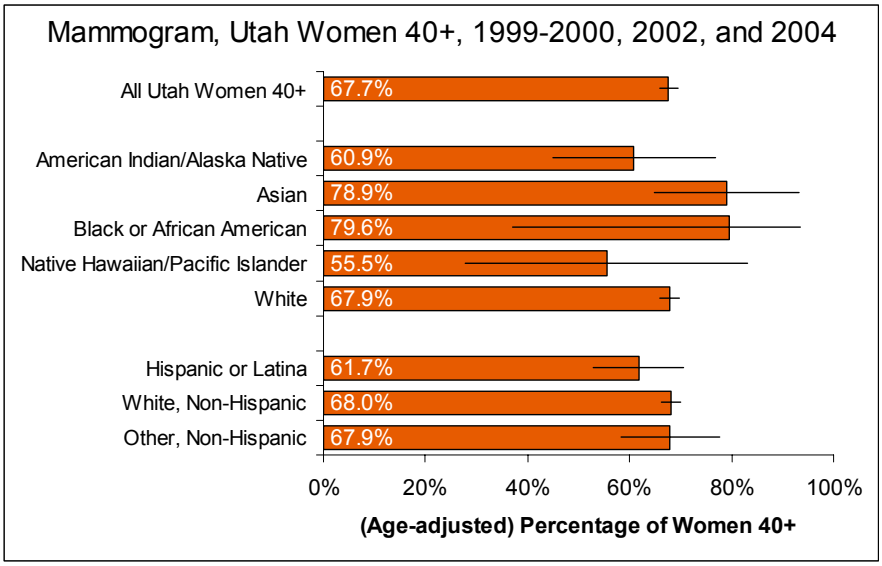
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Mammogram

Why Is It Important?

Breast cancer is the most commonly occurring cancer in U.S. women (excluding basal and squamous cell skin cancers) and a leading cause of female cancer death in both Utah and the U.S. Deaths from breast cancer can be substantially reduced if the tumor is discovered at an early stage. Clinical trials have demonstrated that routine screening with mammography can reduce breast cancer deaths by 20% to 30% in women aged 50 to 69 years,[7-12] and by about 17% in women aged 40 to 49 years.[13-14] Recent research suggests that ultrasound may be a better screening tool for some women.



How Are We Doing?

- Since 1999 the question has been asked of female respondents to the BRFSS survey in even-numbered years. During this time period, the percentage of Utah women aged 40 or older who reported receiving a mammogram within the last two years was 67.7%.
- Wide confidence intervals in the survey data preclude interpretation differences between Utah women of different racial and ethnic backgrounds.

How Can We Improve?

There is consensus that women aged 40 or older should undergo routine screening with mammography at least every two years.[15-17] Women who are at higher than average risk of breast cancer should seek expert medical advice about whether they should begin screening before age 40 and the frequency of that screening.[16]

Percentage of Utah Women Age 40 and Over Who Reported Having Had a Mammogram in the Past Two Years, 1999, 2000, 2002, and 2004

Race/Ethnicity	Sample Size	Total # of Women 40+	# of Women Had Mamm.	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Women 40+	4,951	372,516	257,122	69.0% (*67.3% - 70.8%*)	67.7% (*65.8% - 69.5%*)	n/a
American Indian/Alaska Native	49	3,819	2,044	53.5% (*33.4% - 73.6%*)	60.9% (*44.9% - 76.8%*)	
Asian	32	6,933	5,474	79.0% (*64.8% - 93.1%*)	78.9% (*64.7% - 93.2%*)	
Black or African American	12	1,965	1,707	86.9% (*47.8% - 96.7%*)	79.6% (*37.0% - 93.4%*)	
Native Hawaiian/Pacific Islander	10	1,546	730	47.2% (*3.4% - 91.1%*)	55.5% (*27.9% - 83.1%*)	
White	4,763	358,253	248,075	69.2% (*67.5% - 71.0%*)	67.9% (*66.0% - 69.8%*)	
Hispanic or Latina	190	18,196	11,264	61.9% (*53.0% - 70.8%*)	61.7% (*52.9% - 70.5%*)	
White, Non-Hispanic	4,634	340,817	236,659	69.4% (*67.6% - 71.3%*)	68.0% (*66.1% - 70.0%*)	
Other, Non-Hispanic	114	13,503	8,848	65.5% (*54.0% - 77.0%*)	67.9% (*58.2% - 77.6%*)	

Source: Behavioral Risk Factor Surveillance System

*Age adjusted to the U.S. 2000 standard population

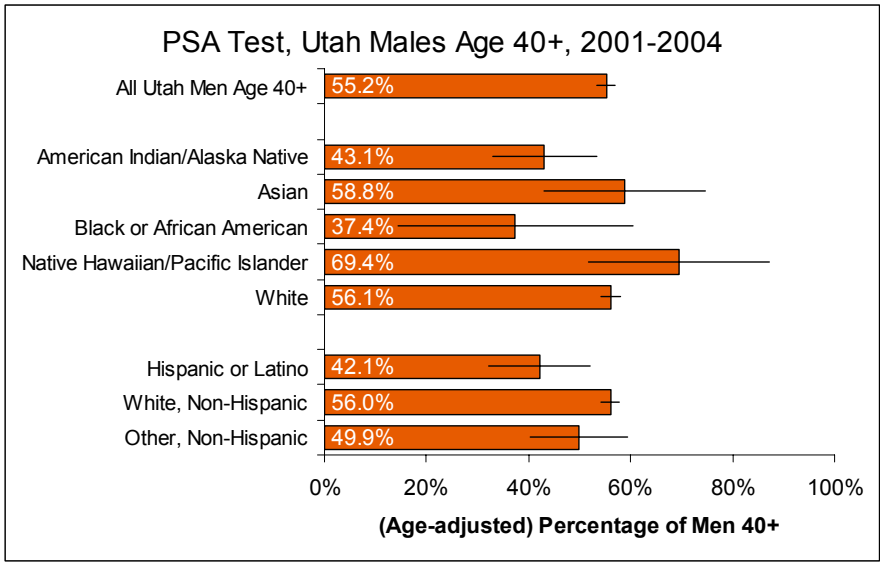
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Cancer Control Program, UDOH, Telephone: 801-538-6712, Fax: 801-538-9495

Prostate Cancer Screening

Why Is It Important?

Prostate cancer is the most common form of cancer (excluding skin cancer) among men and the second leading cause of cancer death for men in Utah and the U.S. Although screening can detect early-stage prostate cancers, it is not yet known whether early detection results in reduced mortality from this disease. One screening test commonly used is a blood test for a substance called prostate-specific antigen, or PSA. A concern with this test is that there are a relatively large number of false-positive results which may lead to additional medical tests and procedures that may be unnecessary.



How Are We Doing?

- Between 2001 and 2004, among all Utah men aged 40 and over, 55.2% had received a PSA test.
- Men in Utah's Hispanic/Latino and American Indian/Alaska Native populations were less likely to have received a PSA test. Black/African American men were also less likely to have received the test, but the precision of the survey measure in that population precluded a statistically significant finding.

How Can We Improve?

Men in all Utah communities, not just race and ethnic minority communities, should pay attention to new guidelines on the recommended type and frequency of prostate cancer screening.

Percentage of Utah Men Age 40 and Over Who Reported Ever Having Had a PSA Test, 2001-2004

Race/Ethnicity	Sample Size	Total Number of Men 40+	# Men 40+ With PSA Test	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Men Age 40+	4,239	346,765	200,500	57.8% (*55.8% - 59.8%*)	55.2% (*53.4% - 57.0%*)	n/a
American Indian/Alaska Native	38	3,596	1,975	54.9% (*35.3% - 74.5%*)	43.1% (*32.9% - 53.3%*)	↓
Asian	27	5,454	2,761	50.6% (*28.5% - 72.7%*)	58.8% (*43.0% - 74.6%*)	
Black or African American	17	2,793	997	35.7% (*11.7% - 59.8%*)	37.4% (*14.3% - 60.5%*)	
Native Hawaiian/Pacific Islander	9	1,698	789	46.5% (*9.8% - 83.2%*)	69.4% (*51.8% - 87.1%*)	
White	3,994	333,224	196,898	59.1% (*57.1% - 61.1%*)	56.1% (*54.2% - 57.9%*)	
Hispanic or Latino	147	19,122	7,506	39.3% (*29.0% - 49.5%*)	42.1% (*32.2% - 52.0%*)	↓
White, Non-Hispanic	3,945	314,997	186,151	59.1% (*57.1% - 61.1%*)	56.0% (*54.2% - 57.9%*)	
Other, Non-Hispanic	120	12,646	6,157	48.7% (*37.9% - 59.5%*)	49.9% (*40.3% - 59.5%*)	

Source: Behavioral Risk Factor Surveillance System

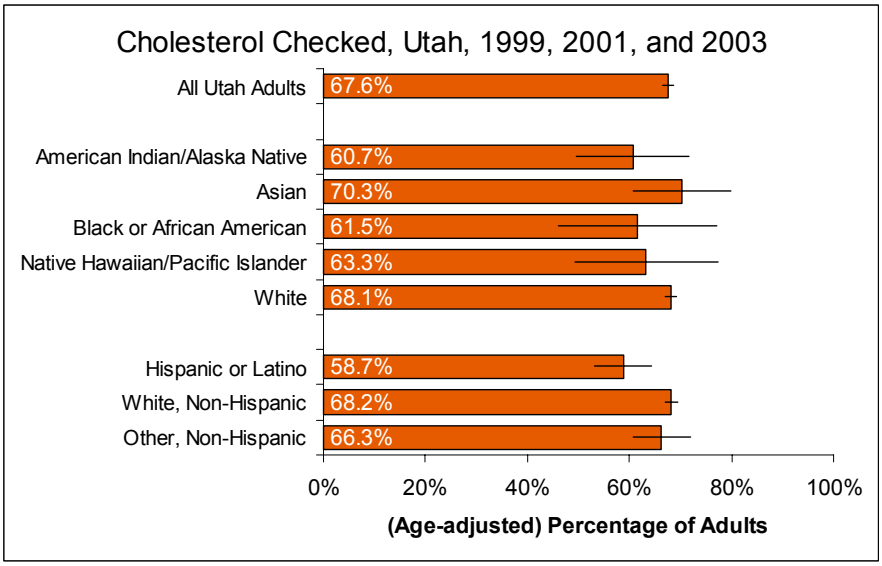
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Blood Cholesterol Screening

Why Is It Important?

High blood cholesterol has been shown to increase the risk of heart disease and development of atherosclerosis, a progressive narrowing and hardening of the arteries over time. Obesity and diets high in saturated fat or cholesterol contribute to high levels of blood cholesterol. Prompt and effective treatment can reverse the effects of high cholesterol.



How Are We Doing?

- During the years the survey question was asked, about two thirds of Utah adults aged 18 and over had their cholesterol checked in the past five years.
- There was some variation in blood cholesterol check rates among Utahns from different racial backgrounds, but the differences were not statistically significant. Hispanic/Latino Utahns, however, were significantly less likely to have received a blood cholesterol check in the past five years.

How Can We Improve?

The National Heart, Lung, and Blood Institute recommends that adults aged 20 or older be screened for high blood cholesterol at least every five years.

Percentage of Utah Adults (Age 18 or Over) Who Reported Having Their Cholesterol Checked in the Past Five Years, 1999, 2001, and 2003

Race/Ethnicity	Sample Size	Total Adult Population	# Had Chol. Checked	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	10,484	1,514,471	991,357	65.5% (*64.2% - 66.7%*)	67.6% (*66.4% - 68.7%*)	n/a
American Indian/Alaska Native	104	20,137	10,763	53.4% (*40.4% - 66.5%*)	60.7% (*49.7% - 71.7%*)	
Asian	86	30,694	18,391	59.9% (*47.3% - 72.5%*)	70.3% (*60.7% - 80.0%*)	
Black or African American	50	13,401	7,209	53.8% (*34.7% - 72.9%*)	61.5% (*46.0% - 77.1%*)	
Native Hawaiian/Pacific Islander	28	9,653	4,314	44.7% (*23.8% - 65.6%*)	63.3% (*49.2% - 77.3%*)	
White	9,744	1,440,586	959,229	66.6% (*65.3% - 67.9%*)	68.1% (*66.9% - 69.2%*)	
Hispanic or Latino	589	123,364	62,001	50.3% (*44.9% - 55.6%*)	58.7% (*53.2% - 64.3%*)	↓
White, Non-Hispanic	9,536	1,322,871	885,830	67.0% (*65.6% - 68.3%*)	68.2% (*67.1% - 69.4%*)	
Other, Non-Hispanic	315	68,236	39,485	57.9% (*50.7% - 65.0%*)	66.3% (*60.6% - 72.0%*)	

Source: Behavioral Risk Factor Surveillance System

*Age adjusted to the U.S. 2000 standard population

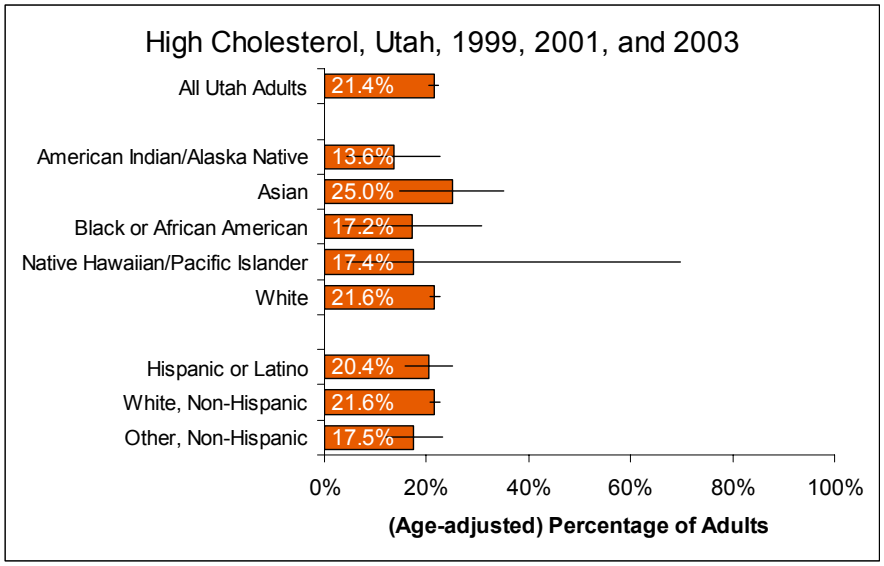
** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Heart Disease and Stroke Prevention Program, UDOH, Telephone: 801-538-6142

High Cholesterol Awareness

Why Is It Important?

High levels of cholesterol and triglycerides increase the risk for heart disease. The National Heart, Lung, and Blood Institute (NHLBI) defines "high" blood cholesterol as 240 mg/dL or greater and "borderline high" cholesterol as 200 to 239 mg/dL. Risk categories for cholesterol levels vary depending on factors such as age, gender, family history, and general health conditions. Variation in rates of high cholesterol awareness can either be due to differences in the prevalence of high cholesterol or to different rates of testing for high blood cholesterol.



How Are We Doing?

- In 1999, 2001, and 2003, 21.4% of Utah adults reported that they had been told by a doctor that their cholesterol was high.
- There were no statistically significant differences in high cholesterol awareness among Utah's racial and ethnic populations.

How Can We Improve?

Behaviors that prevent or lower high blood cholesterol include eating a diet low in saturated fat and cholesterol, increasing physical activity, not smoking or drinking excessive alcohol, and maintaining a healthy weight. The NHLBI recommends that adults 20 years or older be screened for high blood cholesterol at least every five years.[6]

Percentage of Utah Adults (Age 18 or Over) Who Reported Having Been Told They Had High Cholesterol, 1999, 2001, and 2003

Race/Ethnicity	Sample Size	Total Adult Population	# With High Cholesterol	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	10,801	1,514,471	298,236	19.7% (*18.7% - 20.7%*)	21.4% (*20.4% - 22.4%*)	n/a
American Indian/Alaska Native	107	20,137	1,585	7.9% (*2.1% - 13.7%*)	13.6% (*4.4% - 22.7%*)	
Asian	91	30,694	4,600	15.0% (*7.1% - 22.9%*)	25.0% (*14.7% - 35.3%*)	
Black or African American	52	13,401	1,571	11.7% (*1.3% - 22.2%*)	17.2% (*3.6% - 30.8%*)	
Native Hawaiian/Pacific Islander	31	9,653	195	2.0% (*0.3% - 11.7%*)	17.4% (*4.3% - 69.7%*)	
White	10,033	1,440,586	293,314	20.4% (*19.3% - 21.4%*)	21.6% (*20.6% - 22.6%*)	
Hispanic or Latino	602	123,364	16,897	13.7% (*10.4% - 17.0%*)	20.4% (*15.8% - 25.0%*)	
White, Non-Hispanic	9,820	1,322,871	271,517	20.5% (*19.5% - 21.6%*)	21.6% (*20.6% - 22.7%*)	
Other, Non-Hispanic	331	68,236	7,667	11.2% (*7.2% - 15.3%*)	17.5% (*12.0% - 23.1%*)	

Source: Behavioral Risk Factor Surveillance System

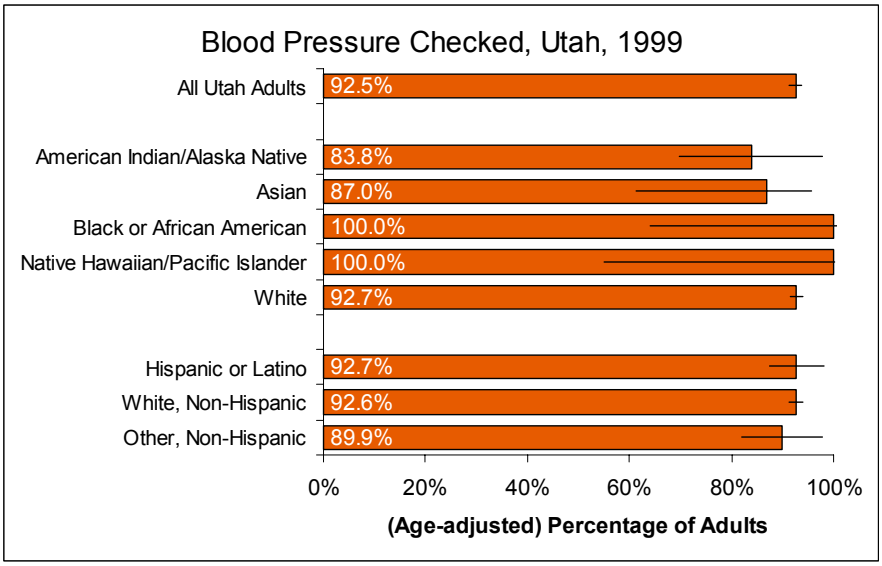
*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Blood Pressure Screening

Why Is It Important?

Uncontrolled high blood pressure is a major risk factor for heart attack, stroke, congestive heart failure, and kidney failure. Many people suffer from high blood pressure without even knowing it. It is estimated that one in four U.S. adults has high blood pressure but only one third of them know it.[18] Getting your blood pressure checked regularly is the only way to determine if you have high blood pressure.



How Are We Doing?

- During 1999, most (92.5%) Utahns reported having their blood pressure checked within the last two years.
- Although there was some racial and ethnic variability in blood pressure check rates, the differences were not statistically significant.

How Can We Improve?

In 2003, 21.8% of Utahns were told by a health professional that they had high blood pressure. This statistic has remained virtually unchanged since the 1980s, although it may be an underestimate of true high blood pressure prevalence since there are no outward symptoms. Having your blood pressure checked by a health professional is the only way to determine if you have high blood pressure. Black/African American persons have a relatively higher risk for stroke. Blood pressure screening and control of high blood pressure are important preventive measures for reduction of stroke incidence.

Percentage of Utah Adults (Age 18 or Over) Who Reported Having Had Their Blood Pressure Checked in the Past Two Years, 1999

Race/Ethnicity	Sample Size	Total Adult Population	# Had BP Checked	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	3,184	1,514,471	1,399,204	92.4% (*91.1% - 93.7%*)	92.5% (*91.3% - 93.8%*)	n/a
American Indian/Alaska Native	45	20,137	16,885	83.8% (*68.9% - 98.8%*)	83.8% (*69.7% - 97.8%*)	
Asian	22	30,694	24,809	80.8% (*27.8% - 94.9%*)	87.0% (*61.4% - 95.7%*)	
Black or African American	11	13,401	13,401	100.0% (*64.1% - 100.0%*)	100.0% (*64.1%† - 100.0%*)	
Native Hawaiian/Pacific Islander	8	9,653	9,653	100.0% (*55.0% - 100.0%*)	100.0% (*55.0%† - 100.0%*)	
White	3,057	1,440,586	1,334,104	92.6% (*91.3% - 93.9%*)	92.7% (*91.4% - 94.0%*)	
Hispanic or Latino	159	123,364	114,892	93.1% (*88.6% - 97.7%*)	92.7% (*87.4% - 98.0%*)	
White, Non-Hispanic	2,922	1,322,871	1,224,238	92.5% (*91.2% - 93.8%*)	92.6% (*91.3% - 93.9%*)	
Other, Non-Hispanic	94	68,236	59,132	86.7% (*75.5% - 97.9%*)	89.9% (*82.0% - 97.9%*)	

Source: Behavioral Risk Factor Surveillance System

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

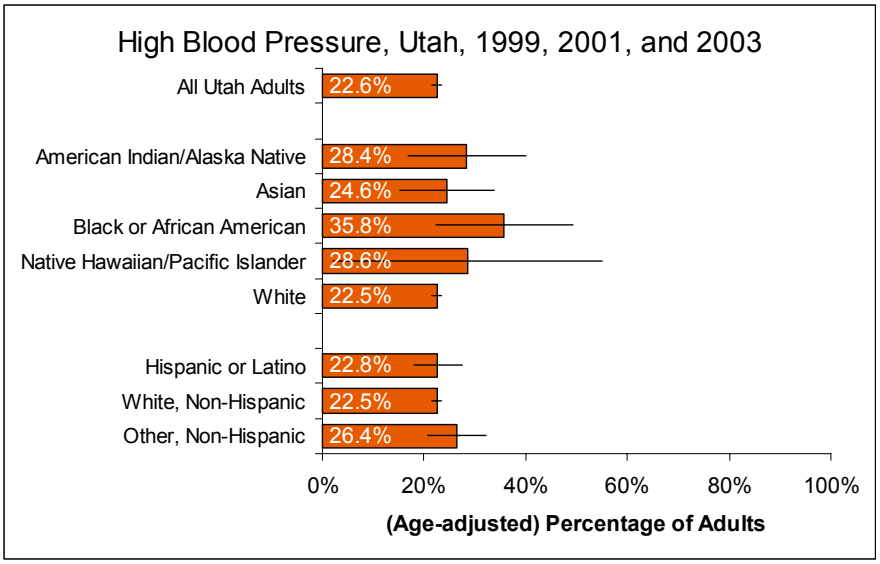
† The confidence interval for this age-adjusted rate was assumed to be the same as the confidence interval for the crude rate.

Contact: Heart Disease and Stroke Prevention Program, UDOH, Telephone: 801-538-6142

High Blood Pressure Awareness

Why Is It Important?

High blood pressure is a condition that can be found in persons of all ages. It is defined as a systolic blood pressure of 140 mmHg or greater or a diastolic blood pressure of 90 mmHg or greater. As a result of high blood pressure, the heart has to work harder, increasing the risk of stroke, coronary heart disease, and kidney failure.



How Are We Doing?

- Overall, in 1999, 2001, and 2003, 22.6% of Utah adults reported that they had been told by their doctor that they had high blood pressure.
- Although there was some racial and ethnic variability in blood pressure awareness, differences were not statistically significant.

How Can We Improve?

The only way to detect high blood pressure is through regular blood pressure measurement. According to the American Heart Association, blood pressure measurement should be performed at least every two years after a normal reading. Individuals with blood pressures near the top of the normal range or with a family history of high blood pressure should consult their health care providers about how often to have their blood pressures checked. Weight loss, medication, exercise, smoking cessation, stress management, and lowering sodium and alcohol intake can control high blood pressure.[6]

Percentage of Utah Adults (Age 18 or Over) Who Reported Having Been Told They Had High Blood Pressure, 1999, 2001, and 2003

Race/Ethnicity	Sample Size	Total Adult Population	# With High Blood Pressure	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	10,837	1,514,471	314,516	20.8% (*19.8% - 21.8%*)	22.6% (*21.6% - 23.6%*)	n/a
American Indian/Alaska Native	107	20,137	4,664	23.2% (*12.9% - 33.4%*)	28.4% (*16.9% - 40.0%*)	
Asian	92	30,694	4,087	13.3% (*6.2% - 20.5%*)	24.6% (*15.2% - 33.9%*)	
Black or African American	52	13,401	3,220	24.0% (*10.9% - 37.2%*)	35.8% (*22.3% - 49.2%*)	
Native Hawaiian/Pacific Islander	31	9,653	1,718	17.8% (*2.5% - 33.1%*)	28.6% (*2.2% - 55.0%*)	
White	10,068	1,440,586	305,537	21.2% (*20.2% - 22.3%*)	22.5% (*21.5% - 23.5%*)	
Hispanic or Latino	604	123,364	18,539	15.0% (*11.5% - 18.5%*)	22.8% (*18.0% - 27.5%*)	
White, Non-Hispanic	9,853	1,322,871	282,825	21.4% (*20.3% - 22.4%*)	22.5% (*21.5% - 23.6%*)	
Other, Non-Hispanic	332	68,236	12,210	17.9% (*13.0% - 22.8%*)	26.4% (*20.7% - 32.1%*)	

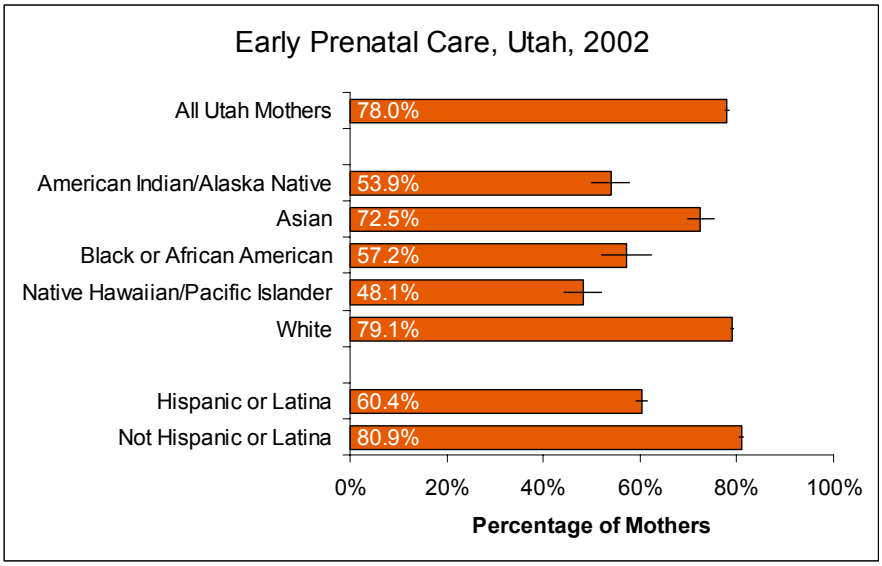
Source: Behavioral Risk Factor Surveillance System

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Prenatal Care

Why Is It Important?
Women who receive early and consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that most women begin prenatal care in the first trimester of their pregnancy.



How Are We Doing?
- The proportion of mothers receiving first-trimester prenatal care began declining in the mid-nineties, and has leveled-off at about 78%.
- Lower rates of first-trimester prenatal care were found for all non-White and for Hispanic/Latina mothers in 2002.

How Can We Improve?
Ethnic and racial minority women in Utah tend to access prenatal care less than our majority White population of women. Wide varieties of reasons for this have been cited, some of which include poverty, lack of access to quality health services, cultural beliefs that pregnancy is natural, and various forms of racism. We need to continue to collaborate closely with our racial and ethnic minority leaders and community members to continue to explore specific reasons for this disparity and to address the barriers that exist.

The Baby Your Baby Media Campaign has produced public service ads (PSAs) for television and radio to educate Hispanic/Latina women about the importance of early and continuous prenatal care. These PSAs are produced in Spanish and aired on popular Spanish radio and television programs. There are several nonprofit organizations in Salt Lake County who have trained promotoras (lay community health educators) to canvas areas of the county in order to educate women about the importance of early and consistent prenatal care and facilitate their entry into the community health care system. Lastly, the Utah Chapter of the March of Dimes has implemented an incentive program to encourage low income women who reside in Salt Lake County to receive prenatal care. This "Teddy Bear Den" program provides clothing and nursery items for expectant mothers who attend prenatal care visits early and regularly. We are hopeful that these collaborative efforts will help to decrease this disparity among Utah's Hispanic/Latina population.

Early Prenatal Care, Utah, 2002

Race/Ethnicity	# With PNC	Total Live Births	Crude Rate *(95% CI Range)*	Sig.*
All Utah Mothers	38,324	49,140	78.0% (*77.6% - 78.4%*)	n/a
American Indian/Alaska Native	359	666	53.9% (*50.1% - 57.7%*)	↓
Asian	689	950	72.5% (*69.7% - 75.4%*)	↓
Black or African American	191	334	57.2% (*51.9% - 62.5%*)	↓
Native Hawaiian/Pacific Islander	298	619	48.1% (*44.2% - 52.1%*)	↓
White	36,538	46,207	79.1% (*78.7% - 79.4%*)	↑
Hispanic or Latina	4,217	6,984	60.4% (*59.2% - 61.5%*)	↓
Not Hispanic or Latino	33,997	41,998	80.9% (*80.6% - 81.3%*)	↑

Source: UDOH, Office of Vital Records and Statistics, Birth Certificate Database

"Early Prenatal Care" is defined as care in the first trimester of pregnancy

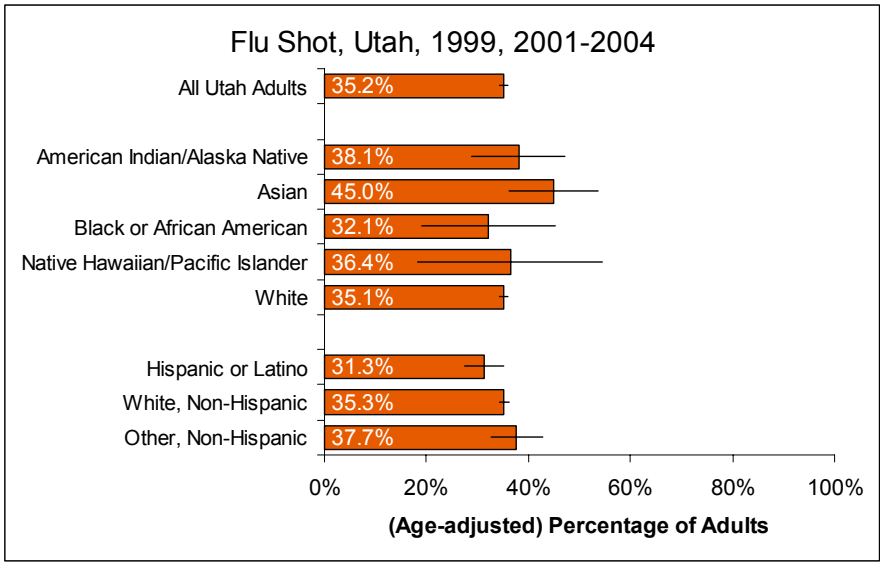
* The rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.

Contact: Reproductive Health Program, UDOH, Telephone: 801-538-9970, Fax: 801-358-9409

Immunization - Influenza, Adults

Why Is It Important?

Influenza, or flu, is an acute viral infection involving the respiratory tract that can occur in epidemics or pandemics. Influenza can cause a person, especially older persons, to be more susceptible to bacterial pneumonia.



How Are We Doing?

- About one third (35.2%) of Utah adults aged 18 and over received a flu shot in the years since 1999 that the question appeared on the survey.
- Asian adults were more likely to have received a flu shot than were individuals in other racial or ethnic groups.
- Utah Hispanic/Latino adults were least likely to have received a flu shot.

How Can We Improve?

People in high-risk groups, such as adults aged 50 or over and others with certain chronic conditions, women who are pregnant, and children under two years of age, should receive influenza vaccine yearly. Anyone wishing to protect themselves against influenza should be immunized throughout the influenza season as vaccine is available. For more information, contact your medical provider or local health department.

Percentage of Utah Adults (Age 18+) Who Reported Having a Flu Shot in Past 12 Months, 1999, 2001-2004

Race/Ethnicity	Sample Size	Total Adult Population	# Had Flu Shot	Crude Rate *(95% CI Range)*	Age-adjusted Rate* *(95% CI Range)*	Sig.**
All Utah Adults	20,016	1,514,471	504,497	33.3% (*32.4% - 34.2%*)	35.2% (*34.4% - 36.1%*)	n/a
American Indian/Alaska Native	222	20,137	6,911	34.3% (*25.5% - 43.2%*)	38.1% (*28.9% - 47.2%*)	
Asian	173	30,694	11,303	36.8% (*27.6% - 46.1%*)	45.0% (*36.4% - 53.6%*)	↑
Black or African American	85	13,401	4,220	31.5% (*17.1% - 45.9%*)	32.1% (*19.0% - 45.3%*)	
Native Hawaiian/Pacific Islander	63	9,653	3,814	39.5% (*25.1% - 54.0%*)	36.4% (*18.3% - 54.6%*)	
White	18,643	1,440,586	484,119	33.6% (*32.7% - 34.5%*)	35.1% (*34.3% - 36.0%*)	
Hispanic or Latino	1,110	123,364	31,436	25.5% (*21.9% - 29.1%*)	31.3% (*27.5% - 35.2%*)	↓
White, Non-Hispanic	18,183	1,322,871	448,611	33.9% (*33.0% - 34.8%*)	35.3% (*34.4% - 36.1%*)	
Other, Non-Hispanic	629	68,236	23,477	34.4% (*29.4% - 39.4%*)	37.7% (*32.6% - 42.7%*)	

Source: Behavioral Risk Factor Surveillance System

*Age adjusted to the U.S. 2000 standard population

** The age-adjusted rate for each race/ethnic population has been noted when it was significantly higher (↑) or lower (↓) than the state rate.